HIV/AIDS among American Indians and Alaska Natives

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The numbers of HIV and AIDS diagnoses in the American Indian and Alaska Native population represent less than 1% of the total number of HIV/AIDS cases reported to the HIV/AIDS Reporting System. However, when population size is taken into account, this population in 2003 was ranked 3rd in rates of AIDS diagnoses, after African Americans and Hispanics [1]. The rate of AIDS diagnoses for this group has been higher than that for whites since 1995.

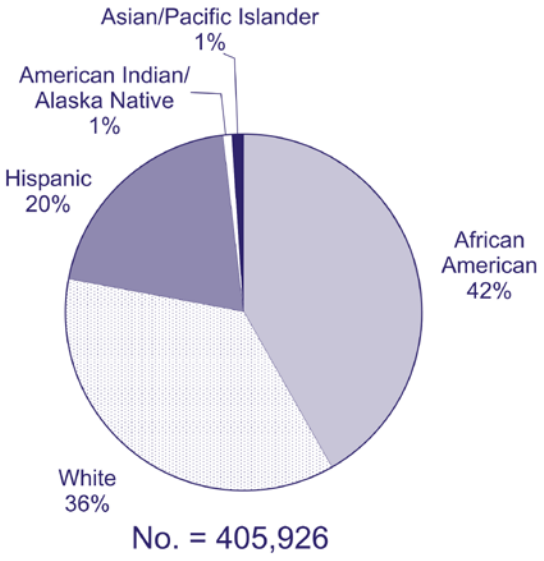
Overall, surveillance data show that HIV/AIDS is a growing problem among American Indians and Alaska Natives.

STATISTICS

Cumulative Effects of HIV/AIDS through 2003

- An estimated 3,026 American Indians and Alaska Natives had received a diagnosis of AIDS [1].
- An estimated 1,529 deaths had been reported among American Indians and Alaska Natives with AIDS [1].
- Of persons who had received a diagnosis of AIDS since 1995, American Indians and Alaska Natives had survived for a shorter time than had Asians and Pacific Islanders, whites, and Hispanics. After 9 years, 64% of American Indians and Alaska Natives were alive, compared with 60% of African Americans, 68% of Hispanics, 70% of whites, and 77% of Asians and Pacific Islanders [1].
- AIDS had been diagnosed for an estimated 30 American Indian and Alaska Native children (younger than 13 years of age) [1].

Race/ethnicity of persons living with AIDS, 2003



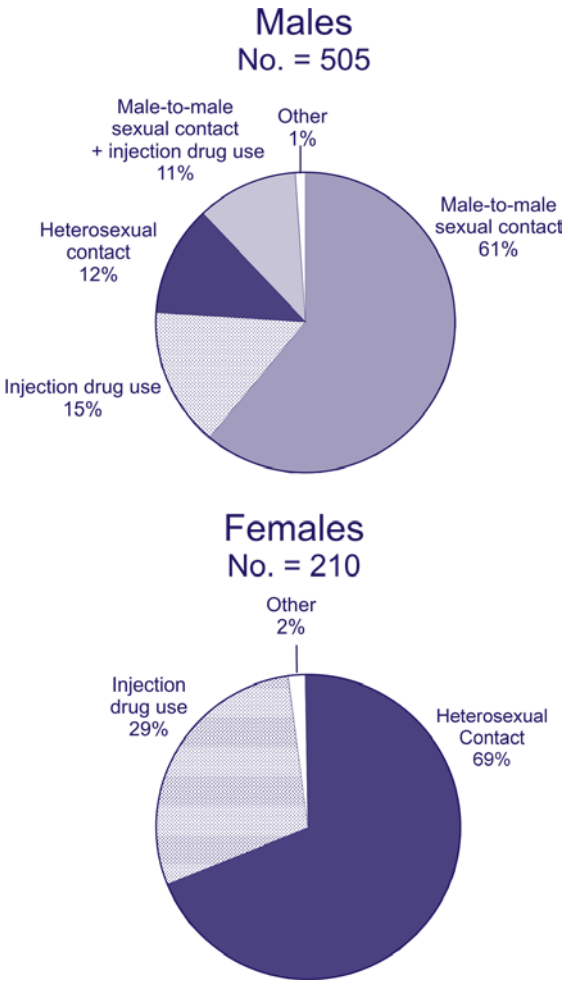
Note. Based on data from 33 areas with long-term, confidential name-based HIV reporting.

AIDS in 2003

- The estimated AIDS diagnosis rate among American Indian and Alaska Native adults and adolescents was 10.4 per 100,000 persons, the 3rd highest rate after those for African American adults and adolescents (75.2 per 100,000) and Hispanic adults and adolescents (26.8 per 100,000). The estimated AIDS diagnosis rate was 7.2 per 100,000 for white adults and adolescents and 4.8 per 100,000 for Asian and Pacific Islander adults and adolescents [1].

- An estimated 1,498 American Indians and Alaska Natives were living with AIDS [1].
- AIDS was diagnosed for an estimated 196 American Indians and Alaska Natives, representing approximately 0.5% of all AIDS diagnoses in 2003 [1].
- An estimated 78 American Indians and Alaska Natives with AIDS died in 2003, representing approximately 0.4% of all deaths of persons with AIDS for that year [1].

Transmission categories of American Indians/Alaska Natives given a diagnosis of HIV/AIDS, 2000–2003



Note. Based on data from 32 states with long-term, confidential name-based HIV reporting.

HIV/AIDS in 2003

- In the 33 areas with long-term, confidential name-based HIV reporting, HIV/AIDS was diagnosed for an estimated 188 American Indians and Alaska Natives (adults, adolescents, and children), representing 0.6% of the total number of HIV/AIDS diagnoses reported for that year [1].
- In the 32 states with long-term, confidential name-based HIV reporting, women accounted for 29% of the HIV/AIDS diagnoses among American Indians and Alaska Natives [2] during 2000–2003.

RISK FACTORS AND BARRIERS TO PREVENTION

Sexual Risk Factors

High rates of chlamydial infection, gonorrhea, and syphilis suggest that the sexual behaviors that facilitate the spread of HIV are relatively common among American Indians and Alaska Natives. Further, the presence of a sexually transmitted disease can increase the chance of contracting or spreading HIV [3]. According to 2003 surveillance data by race/ethnicity, the 2nd highest rates of gonorrhea, chlamydial infection, and syphilis were those for American Indians and Alaska Natives [4, 5].

Substance Abuse

Casual and chronic substance users are more likely to engage in high-risk behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol [6]. Results of the 2003 National Survey on Drug Use and Health indicate that the rate of current illicit drug use was higher among American Indians and Alaska Natives (12.1%) and persons who reported 2 or more races (12.0%) than among persons of other races or ethnicities [7].

Cultural Diversity

The American Indian and Alaska Native population comprises 562 federally recognized tribes, plus at least 50 state-recognized tribes

[8]. Each tribe has its own culture, beliefs, and practices. Further, these tribes may be subdivided into language groups. Prevention programs that can be adapted to individual tribal beliefs are critically important. Current programs emphasize traditional teachings and inclusiveness of the community.

Socioeconomic and Health Factors

Socioeconomic factors coexist with epidemiologic risk factors for HIV infection in American Indian and Alaska Native communities. During 1999–2001, approximately 1/4 (24.5%) of American Indians and Alaska Natives, more than twice the national average (9.2%), were living in poverty [9]. Issues relating to poverty (for example, lower levels of education and poorer access to health care) may directly or indirectly increase the risk for HIV infection [10]. The proportion of the American Indian and Alaska Native population with a high school diploma is less than the national average (66% vs. 75%) [11].

Life expectancy of this population is shorter than that of any other race/ethnicity; the rates of many diseases, including diabetes, tuberculosis, and alcoholism, are higher; and access to health care is poorer [12, 13].

These indicators demonstrate the vulnerability of American Indian and Alaska Native communities to additional health stress, including HIV infection.

HIV Testing Issues

American Indian and Alaska Native persons with AIDS are more likely to reside in a rural area at the time of AIDS diagnosis. American Indian and Alaska Native persons who are at high risk for HIV infection and who live in rural areas may be less likely to be tested for HIV because of limited access to testing. At-risk American Indian and Alaska Native persons may also be less likely to seek testing because of concerns about confidentiality in close-knit communities where someone who seeks testing is likely to encounter a friend, a relative, or an acquaintance at the local health care facility [14].

During 1997–2000, 50.5% of American Indians and Alaska Natives who responded to the Behavioral Risk Factor Surveillance System survey reported that they had never been tested for HIV. This number was higher in the southwestern United States, where 58.1% of the American Indians and Alaska Natives reported never having been tested [15].

Data Limitations

Current data regarding HIV and AIDS among American Indians and Alaska Natives have limitations.

- **Incomplete surveillance data**. Several states with large American Indian and Alaska Native populations have only recently enacted laws requiring HIV surveillance (California) or have begun HIV surveillance only during the past few years (New York, Washington).
- **Racial misclassification and underreporting**. Even though the numbers of HIV and AIDS diagnoses among American Indians and Alaska Natives are relatively low, these numbers may be affected by racial misclassification. Studies in Alaska and Los Angeles have shown that the degree of misidentification differs geographically. In Alaska, 3% of American Indians and Alaska Natives with HIV/AIDS were misidentified as being of another race; in Los Angeles, 56% of American Indians and Alaska Natives with AIDS were racially misidentified [16, 17].

PREVENTION

Among all people in the United States, the annual number of new HIV infections declined from a peak of more than 150,000 during the mid-1980s and stabilized at approximately 40,000 after the late 1990s. Persons of minority races/ethnicities are disproportionately affected by the HIV

epidemic. To reduce further the incidence of HIV, CDC announced a new initiative, Advancing HIV Prevention (http://www.cdc.gov/hiv/partners/AHP.htm), in 2003. This initiative comprises 4 strategies: making HIV testing a routine part of medical care, implementing new models for diagnosing HIV infections outside medical settings, preventing new infections by working with HIV-infected persons and their partners, and further decreasing perinatal HIV transmission.

CDC, through the Minority AIDS Initiative (http://www.cdc.gov/programs/hiv09.htm), also addresses the health disparities experienced in the communities of minority races/ethnicities at high risk for HIV. These funds are used to address high-priority HIV prevention needs in such communities. The following are some CDC-funded prevention programs that state and local health departments and community-based organizations provide for American Indians and Alaska Natives.

- Assisting tribes in developing or expanding HIV prevention services and improving services for persons infected with, or affected by, HIV/AIDS
- Building and strengthening the capacity of tribal organizations and urban Indian health centers in Arizona, Nevada, and Utah to develop effective HIV prevention through intertribal networking and collaboration
- Providing HIV prevention education in rural Alaska Native communities
- Developing outreach models for HIV testing among American Indians and Alaska Natives and demonstrating the feasibility and best methods of integrating routine HIV testing programs (including rapid HIV testing) in Indian health centers in Arizona, Michigan, and Utah

Understanding HIV and AIDS Data

AIDS surveillance: Through a uniform system, CDC receives reports of AIDS cases from all US states and territories. Since the beginning of the epidemic, these data have been used to monitor trends because they are representative of all areas. The data are statistically adjusted for reporting delays and for the redistribution of cases initially reported without risk factors. As treatment has become more available, trends in new AIDS diagnoses no longer accurately represent trends in new HIV infections; these data now represent persons who are tested late in the course of HIV infection, who have limited access to care, or in whom treatment has failed.

HIV surveillance: Monitoring trends in the HIV epidemic today requires collecting information on HIV cases that have not progressed to AIDS. Areas with confidential name-based HIV infection reporting requirements use the same uniform system for data collection on HIV cases as for AIDS cases. A total of 33 areas—the US Virgin Islands and 32 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming)—have collected these data for at least 5 years, providing sufficient data to monitor HIV trends and to estimate risk behaviors for HIV infection. Recently, 9 additional areas have begun confidential name-based HIV surveillance, and data from these areas will be included in coming years.

***HIV/AIDS*:** This term includes persons with a diagnosis of HIV infection (not AIDS), a diagnosis of HIV infection and a later diagnosis of AIDS, or concurrent diagnoses of HIV infection and AIDS.

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For more information . . .

CDC Division of HIV/AIDS Prevention
http://www.cdc.gov/hiv
CDC HIV/AIDS prevention resources

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1-800-232-4636
Information about personal risk and where to get an HIV test

CDC National HIV Testing Resources
http://www.hivtest.org
Location of HIV testing sites

CDC National Prevention Information Network (NPIN)
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CDC resources, technical assistance, and publications

AIDSinfo
1-800-448-0440
http://www.aidsinfo.nih.gov
Resources on HIV/AIDS treatment and clinical trials